



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application

ABOUT FRAP:

The Financial Rate Assistance Program (F.R.A.P.) provides a monthly 25% discount to eligible households on their City of Santa Clara Municipal Utilities electric charges.

PROGRAM GUIDELINES:

The City of Santa Clara utility bill must be in your name.

You may not be claimed as a dependent on another person's income tax return other than spouse.

Your household must meet the program income guidelines described in this application.

You must notify the City of Santa Clara if your household no longer qualifies for the F.R.A.P. discount.

If your name or address has changed, you **MUST** inform the City of Santa Clara Utility billing office.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:

LIHEAP – Low Income Home Energy Assistance Program.

Provides bill payment assistance, emergency bill assistance and weatherization services. Call Community Action at 1-866-205-2388 and leave a message with your mailing address to request an application.

MAIL COMPLETED APPLICATION TO:

City of Santa Clara
F.R.A.P.
P.O. Box 550
Santa Clara, CA 95052

Phone: (408) 244-SAVE (7283)

Fax: (408) 244-2990

For Utility Use Only:

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SECTION 1: CUSTOMER INFORMATION

Account Number:

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Name _____

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Telephone # _____

Home Address (Do NOT use a P.O. Box) _____

City _____

Zip Code _____

Mailing Address (if different from the above address) _____

City _____

Zip Code _____

of Persons in Household: _____

Adults

+

Children (under 18)

=

Total

SECTION 2a: PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

CHECK all programs you participate in (if applicable).

Food Stamps

Healthy Families A & B

TANF (AFDC)

LIHEAP

WIC

SECTION 2b: HOUSEHOLD INCOME ELIGIBILITY

CHECK all sources of household income.

Pensions

Wages or Salaries

School Grants, Scholarships
or other aid for living expenses

Social Security

Unemployment Benefits

Insurance Settlements

SSI, SSP, SSDI

Workers Compensation

Child Support

Interest and/or Dividends from:

Savings Accounts,

Rental or Royalty Income

Spousal Support

Stocks or Bonds, or

Profit from Self-employment

Cash and/or other income

Retirement Accounts

(IRS form Schedule C, Line 29)

FINANCIAL ASSISTANCE GUIDELINE TABLE:

Size of Household	Monthly Gross Income	Annual Gross Income
1	\$4,950.00	\$59,400
2	\$5,658.33	\$67,900
3	\$6,366.66	\$76,400
4	\$7,075.00	\$84,900
5	\$7,637.50	\$91,650
6	\$8,204.16	\$98,450

NOTE: For households with more than six members, increase the income below for each additional member:

	\$566.66	\$6,800
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* These levels are effective as of July 1, 2006.

Total Annual Household Income:

\$

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SECTION 3: DECLARATION *(Please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform the City of Santa Clara if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Silicon Valley Power may share my information with other utilities or their agents to enroll me in their assistance programs.

X

Applicant's Signature

Date

Witness' Signature (if applicant signed with a mark)